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Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
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MAILING ADDRESS:
P.O. Box 45001
Newark, NJ 07101
(973) 504-6385

Attention New Jersey Licensed Architect:

Attached is an application for licensure pursuant to N.J.A.C. 13:27-4.12 et seq. Scope of practice; Home Inspections. This law provides that a Board-licensed architect may apply to the Board for certification of eligibility for licensure as a home inspector.

For your guidance you will find a copy of the regulation governing the licensure of home inspectors and an application listing all the required information for submission. If you meet the Boards education, training and experience requirements, please complete the application and return it accompanied with a check or money order in the amount of \$125.00 (an application fee) made payable to the New Jersey State Board of Architects.

Also, please be advised that N.J.S.A. 45:8-76 and N.J.S.C. 13:40-15.8, require that every licensed home inspector and associate home inspector engaged in the profession of home inspection shall secure, maintain and file with the Home Inspection Advisory Committee, proof of a certificate of an errors and omissions insurance policy in the minimum amount of \$500,000.00 per occurrence. Therefore, please instruct your insurance carrier to submit proof of this coverage by providing an original certificate of insurance, stating all individuals covered under the policy, directly to the Board of Architects. Copies or Facsimiles will not be accepted. If the certificate of insurance is in the name of the company, the insurance carrier must inform the Committee office of the individual(s) who are covered by the listing their name(s). Finally, the Home Inspection Advisory Committee **must be referenced as a certificate holder** in the event that the policy is renewed, altered or canceled.

Should you have any questions feel free to contact the office at (973) 504-6385.

Very truly yours,
NEW JERSEY STATE BOARD OF ARCHITECTS

Attach two clear, full-face passport-style photographs (2"x2") of your head and shoulders, taken within the past six months.

Two photographs are required with each application.

Do not use staples to attach the photographs.



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY STATE BOARD OF ARCHITECTS
124 HALSEY STREET, 3RD FLOOR, P.O. BOX 45001
NEWARK, NEW JERSEY 07101
(973) 504-6385

Photo #2

Home Inspector Licensure Application for Architects

Date: _____

For Office Use Only

Application number: _____

N.J. architect's license number: _____

A nonrefundable application filing fee of \$125 in the form of a check or money order made out to the New Jersey State Board of Architects, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification, or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you **give** your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Immigration and Naturalization Service (I.N.S.).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the I.N.S. at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of your licensure or certification.

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

"Ability to practice as a home inspector" is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable home inspection judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to customers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a home inspector, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

****** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been convicted of a criminal offense? (Minor traffic offenses such as parking or speeding violations need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

9. Other than your license as an architect in New Jersey, do you currently hold, or have you ever held, a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of architecture, home inspection or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of architecture home inspection or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 16, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Proof of Insurance

N.J.S.A 45:8-76 requires that every "licensed home inspector and associate home inspector who is engaged in home inspection shall secure, maintain and file with the board proof of a certificate of an error and omissions policy, which shall be in a minimum amount of \$500,000 per occurrence. Every proof of an error and omissions policy required to be filed with the board shall provide that cancellation or nonrenewal of the policy shall not be effective unless and until at least 10 days' notice of intention to cancel or nonrenew has been received in writing by the board."

Name of agent		Name of insurance company		
Street	City	State	ZIP code	County
Telephone number (include area code)	Policy number		Expiration date	

Employment Record

Current Employment

☐ Employee☐ Owner☐ Shareholder

a.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title		Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

Previous Employment

☐ Employee☐ Owner☐ Shareholder

b.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title		Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

☐ Employee☐ Owner☐ Shareholder

c.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title		Applicant's title

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

Training

Please provide information regarding your training in each of the following areas prior to your becoming licensed as an architect: Structure Components, Exterior Components, Roofing Systems, Plumbing Systems, Electrical Systems, Heating Systems, Cooling Systems, Interior Components, Insulation Systems, Ventilation Systems, Fireplace Systems, Solid Fuel Burning Appliances or Systems and Related Residential Housing Component Systems. (Use additional sheets of paper if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Experience

Please provide information regarding your experience in each of the following areas after you received your license as an architect: Structure Components, Exterior Components, Roofing Systems, Plumbing Systems, Electrical Systems, Heating Systems, Cooling Systems, Interior Components, Insulation Systems, Ventilation Systems, Fireplace Systems, Solid Fuel Burning Appliances or Systems and Related Residential Housing Component Systems. (Use additional sheets of paper if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Other Information (optional)

In the space below, please provide any other information that you would like the Board to consider. You may provide information concerning other licenses you have been issued in other states or jurisdictions. You may also provide character or professional references. (Use additional sheets of paper if necessary.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey State Board of Architects for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Architects, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:3-3 et seq. and N.J.S.A. 45:8-71 et seq., together with the Rules and Regulations of the New Jersey State Board of Architects, N.J.A.C. 13:27-4.12 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Department of Treasury, and the renewal fee and late fee as set forth in N.J.A.C. 13:27-4.11. During this 30-day period, the certificate shall be valid, and the certificate holder shall not be deemed to be engaged in unauthorized practice.

(d) A certificate of authorization that is not renewed within 30 days of its expiration shall be automatically suspended. An LLC or corporation, other than a professional service corporation established pursuant to the "Professional Service Corporation Act," P.L. 1969, c.232 (N.J.S.A. 14A:17-1 et seq.), that provides or advertises architectural services while its certificate of authority is suspended shall be in violation of N.J.S.A. 45:3-17.

(e) A certificate of authorization that has been automatically suspended for non-renewal may be reinstated upon the LLC or corporation submitting a completed reinstatement application, a copy of the current annual report filed with the Division of Revenue in the New Jersey Department of Treasury, and the renewal fee and reinstatement fee as set forth in N.J.A.C. 13:27-4.11.

New Rule by R.2005 d.303, effective September 6, 2005.

Sec: 37 N.J.R. 869(a), 37 N.J.R. 3424(a).

Former N.J.A.C. 13:27-4.9 recodified as N.J.A.C. 13:27-4.4.

13:27-4.10 (Reserved)

Repealed by R.2005 d.303, effective September 6, 2005.

Sec: 37 N.J.R. 869(a), 37 N.J.R. 3424(a).

Section was "Registration by reciprocity".

13:27-4.11 Fees

(a) The following fees shall be charged by the Board:

1.	Application Fee	\$ 50.00
2.	Initial License Fee	
	i. If paid during the first year of a biennial renewal period	160.00
	ii. If paid during the second year of a biennial renewal period	80.00
3.	Biennial Renewal Fee	
	i. Active Status	160.00
	ii. Inactive Status	(To be determined by the Director by rule)
4.	License by Credentials Application Fee (plus initial license fee)	75.00
5.	Replacement or Duplicate Seal Press	40.00
6.	Replacement Certificate Fee	25.00
7.	Late Fee	50.00
8.	Verification of Licensure	30.00
9.	Reinstatement Fee	100.00

(b) Certificate of Authorization fees shall be as follows:

1.	Application Fee	\$ 100.00
2.	Initial Certification	
	i. If paid in the first year of a biennial renewal period	500.00

	ii. If paid in the second year of a biennial renewal period	250.00
3.	Biennial Renewal	500.00
4.	Late Fee	50.00
5.	Reinstatement Fee	300.00

Administrative Correction.

Sec: 27 N.J.R. 2009(a).

Amended by R.2005 d.303, effective September 6, 2005.

Sec: 37 N.J.R. 869(a), 37 N.J.R. 3424(a).

Rewrote (a); deleted former (b); recodified former (c) as (b) and rewrote section.

13:27-4.12 Scope of practice; home inspections

(a) An architect licensed by the Board of Architects may apply to the Board for certification of eligibility for licensure as a home inspector.

(b) The licensed architect shall submit to the Board an application provided by the Board and the application fee in the amount set forth in N.J.A.C. 13:40-15.23. The licensed architect shall document through submission of the application that the architect possesses the requisite training, education and experience to conduct home inspections specifically related to the following systems and components:

1. Structural components;
2. Exterior components;
3. Roofing system;
4. Plumbing system;
5. Electrical system;
6. Heating system;
7. Cooling system;
8. Interior component system;
9. Insulation system;
10. Ventilation system;
11. Fireplace system;
12. Solid fuel burning appliances or systems; and
13. Related residential housing component systems.

(c) The Board shall review the qualifications of the licensed architect to determine whether the architect is qualified to perform a home inspection pursuant to the requirements of (b) above. If the Board determines that the applicant is qualified to perform home inspections, the Board shall refer the application to the Home Inspection Advisory Committee which shall issue a home inspector license to the architect in accordance with the requirements of N.J.A.C. 13:40-15.

(d) Upon issuance of a home inspection license by the Committee, the architect shall be subject to the license fees set forth in N.J.A.C. 13:40-15.23 and shall perform home

inspections in accordance with the rules of the Committee as set forth in N.J.A.C. 13:40-15.

New Rule, R.2004 d.77, effective February 17, 2004.
See: 35 N.J.R. 2814(a), 36 N.J.R. 959(a).

SUBCHAPTER 4A. CONTINUING EDUCATION

13:27-4A.1 License renewal; continuing education requirements

Each applicant for biennial license renewal shall complete, during the preceding biennial period, continuing education in the continuing education ("CE") hours specified in N.J.A.C. 13:27-4A.2. Each applicant shall confirm on the biennial renewal application form that he or she has complied with the Board's continuing education requirements.

13:27-4A.2 Continuing education hour requirements; carry over of excess CE hours

(a) Except as set forth in (b) below, a licensee applying for renewal on or after August 1, 2001 shall complete, during the preceding biennial period, a minimum of 24 CE hours of continuing education consistent with the definition of "continuing education hour" in N.J.A.C. 13:27-3.1. At least eight CE hours per year or 16 CE hours per biennial renewal period shall be obtained from courses or programs within the definition of health, safety, and welfare programs or courses as set forth in N.J.A.C. 13:27-3.1. The remaining CE hours shall be in educational activities that are directly related to the practice of architecture.

(b) A licensee shall not be required to obtain CE hours during the first biennial renewal period in which the licensee obtained initial licensure but shall be subject to the requirements of (a) above for all subsequent biennial renewal periods.

(c) For continuing education license renewal credit, continuing education activities shall be a minimum of one CE hour as defined in N.J.A.C. 13:27-3.1. A maximum of six CE hours shall be credited for any one calendar-day period.

(d) An architect who exceeds CE requirements in a biennial renewal period may carry up to 12 CE hours, including eight CE hours of health, safety, and welfare programs or courses, into the next renewal period. Any CE hours to be carried over shall have been earned in the last six months of the biennial renewal period.

Administrative correction.
See: 32 N.J.R. 1773(b).

13:27-4A.3 Sources of CE hours; limitations of CE hours on particular activities

(a) An architect may obtain unlimited CE hours, including those fulfilling the health, safety and welfare programs or

courses requirements, from educational programs offered by the following recognized providers listed in (a)1 through 6 below. Continuing education hours shall be granted on an hour-for-hour basis of class attendance, pursuant to N.J.S.A. 45:3-26(c).

1. Courses, programs or seminars offered or approved by the American Institute of Architects ("AIA");

2. Courses, programs or seminars offered or approved by the National Council of Architectural Registration Boards ("NCARB");

3. Courses, programs or seminars offered or approved by the School of Architecture at the New Jersey Institute of Technology ("NJIT");

4. Courses, programs or seminars offered or approved by schools of architecture approved by the National Architectural Accrediting Board ("NAAB");

5. Courses, programs or seminars offered or approved by the New Jersey Department of Community Affairs that are directly related to the practice of architecture; and

6. Attendance of educational programs conducted during meetings and conferences of architect professional associations recognized by the Board to the extent that CE hours are credited only to that portion of the meeting or conference that comprised the educational program.

(b) An architect may obtain limited CE hours, including health, safety, and welfare program or course CE hours, in any one-year period, for participation in the following professional activities:

1. Passing the examination for licensure or certification as a landscape architect, land surveyor, professional engineer or professional planner in New Jersey: two CE hours per examination;

2. Preparation of papers, publications, and scientific presentations published or presented within the preceding biennial renewal period provided the subject matter of the paper, publication, or scientific presentation is directly related to the practice of architecture: three CE hours per paper, publication, or scientific presentation with a maximum of one paper, publication or scientific presentation per year;

3. Presentation of table clinics or scientific exhibits that are directly related to the practice of architecture: one hour per hour of presentation, up to a maximum of two CE hours per year;

4. Teaching and research appointments for each new program or course taught or subject matter researched by a licensee that is directly related to the practice of architecture to be performed at or approved by any of the organizations in (a)1 through 5, above: eight CE hours. "New," in this paragraph, means a program, course or subject matter which the licensee has never taught or